

## Results of MCAC Voting – July 20<sup>th</sup>, 2017

Rank	Topic	Description of Issue
1	12-Month Continuous Eligibility for Children	Implementation of 12-month continuous eligibility for children.
2	Unbundle the Cost of LARC from the Global Delivery Fee	The cost of long acting reversible contraceptives is currently bundled in the global delivery fee, which provides a strong disincentive for providers to offer LARC immediately after delivery. LARC reduces unintended pregnancy and rapid repeat pregnancy rates. Proposing to unbundle the cost of LARC from the Global Delivery Fee to allow for reimbursement of the additional costs of LARC.
3	Full Medicaid Adult Expansion	Recommendation to expand coverage beyond the targeted groups in HB437 of the 2016 General Session and provide full Medicaid expansion.
4	Dental Coverage for the Elderly and Parents	Request to add dental coverage for the elderly and parents. Lack of coverage can allow issues that could be resolved with preventative care treatment to escalate in severity. In addition, treatment for dental issues may assist job seekers.
5	Medically Complex Children's Waiver	Requesting this be an ongoing program and that the needed funding for the program be appropriated. The amount was stated as \$3 million.
6	Adult Vision Coverage	Request to re-instate vision benefits for Adults on Medicaid. Currently there is no coverage for frames/lenses, only for eye exams.
7	Adult Day Health Services	Consider increasing the rate by \$20 per day. The current rate is \$39.18 per day. This will assist with rising costs in adult day health services.
8	Medicaid Family Planning State Plan Amendment	Expand Medicaid family planning, counseling and STI services to those individuals in the coverage gap, who are not receiving PCN.
9	Home Health Services	Proposal to increase home health service rates by 8-20% as rates have not been adjusted in over 10 years and have not kept up with inflation or additional costs associated with providing home health care in the state. Requesting the following codes be adjusted: 20% increase for code T1019, 10% for code T1021, and an 8% increase for code 9122.
10	Dental Coverage for the Elderly	Request to reinstate dental benefits for the elderly. Without access to good oral health care, older Utahns could be at elevated risk for chronic conditions like diabetes and heart disease.
11	Community Health Workers	Recommend analysis to review whether Community Health Workers may be eligible for reimbursement for additional services and what state costs would be to fund those services. Integration of CHWs into ACOs. Exploration of financial incentives to encourage ACOs to integrate CHWs into their delivery systems.

<b>12</b>	Dental Services- Code D0191	Requesting to open code D0191- Assessment of a Patient. This enables providers to conduct oral health risk assessments and screening, so they can be referred to necessary follow-up care and treatment.
<b>13</b>	Adult Audiology Coverage	Request to restore funding for hearing aids.
<b>14</b>	Telemedicine-Originating Site Facility Fees	Add billing and payment for 'originating site' facility fees for telemedicine at the patient locations as described by HCPCS code Q3014. The originating site is responsible for the scheduling, admission, consenting and presenting the patient to the remote distant physician.
<b>15</b>	Medicaid Outreach and Enrollment Funding	In 2016, the Legislature provided a one-time allocation of \$25,000 to DOH for outreach. Requesting additional funding to continue this effort.
<b>16</b>	Improving Oral Health Care- Dental Hygienists	Fund the cost to add registered dental hygienists as credentialed Medicaid providers in the provider system.
<b>17</b>	Utah Asthma Home Visiting Program	Asthma home visiting program includes self-management education, home trigger assessment, and referral to remediation services. Participants show improved asthma control and increased confidence to manage asthma. Requesting funding for the program, which is \$309.36 per participant.
<b>18</b>	National Diabetes Prevention Program	Request for Medicaid to cover the cost of classes, which is \$500. The classes include advocating physical activity, developing a healthy lifestyle and includes group support and a lifestyle coach.
<b>19</b>	Financial Management Services	Increase reimbursement to the national average of \$95.24 in order to help assist with cost increases in supporting individuals who are self-directing their New Choices waiver services.
<b>20</b>	Implementation of Face to Face Regulation for Medicaid	Providers are anticipating an increase in costs due to the implementation of face-to-face visits for Medicaid. They stated they experienced an increase in costs with Medicare. Requesting funding to cover the cost of the anticipated increase.